

## NOTICE OF FEE DUE

DATE:	10-26-0	)4				
TO:	10-26-0 RCE					
FROM:	Office of Initial Pate	ent Examinatio	n			
SUBJECT:	Fee Due					
APPLICATION	N NUMBER <u>107</u>	05420				
Office for the authorization t	or the attached docum following reason. Pl to charge a deposit ac te. If an authorization	lease check the ccount. If an au	application f thorization i	or the aps presen	opropriate t, please c	harge the
Insufficien	t fee by check		,			
Insufficien	t funds in deposit amou	unt				
Declined co	redit card					
Non-author	rization for charge to d	leposit account				
No fee sub	mitted per requirement	:				
The correct fee	code: <u>1801</u>		amount	\$	790	·
The suspended f	fee code: 1999		amount	\$_	<u></u>	
Fee Due			amount	=\$	790	
If you have any Eleanor Kurtz 7	questions, please conta 03-308-3642	act Cynthia Strea	ter at 703-306	5-5430 or	<u>.</u> 	
rerminal Onerat	tor SOENBO	BI			,	